

**SUMMARY FORM**

**COLLECTIVE BARGAINING AGREEMENT**  
**PUBLIC SECTOR / NON-POLICE & NON-FIRE**

## Section I: Agreement Details

Public Employer:	Dunellen Board of Education	County:	Middlesex		
Employee Organization	Dunellen Administrators Association	Employees in Unit:	5		
Base Year Contract Term:	7/1/2008	6/30/2011	New Contract Term	7/1/2011	6/30/2014
Type of Settlement:	<input type="checkbox"/> Mediated Settlement <input type="checkbox"/> Fact-Finder Recommendation <input checked="" type="checkbox"/> Voluntary Settlement <input type="checkbox"/> Super Conciliation				

		Column A <u>Base Year - Total Costs</u> (Last Year of Previous agreement)	Column B <u>New Base Year - Total Costs</u> (First Year of Successor agreement)
<b>Section II: Economic</b>			
Item 1 .....	Salary	\$504,315	\$514,631
Item 2 .....	Increment	\$0	\$0
Item 3 .....	Longevity	\$0	\$2,250
Item 4 .....			
Item 5 .....			
Item 6 .....			
Item 7 .....			
Item 8 .....			
Item 9 .....			
Item 10 .....			
Item 11 .....			
Item 12 .....			
Any additional items list on separate sheet	Additional Items		
<b>Section III: Totals</b> • Sum of costs in each column		\$504,315 (Total)	\$516,881 (Total)

#### **Section IV: Analysis of new successor agreement**

### NEW AGREEMENT ANALYSIS

Total Base Year (previous agreement) \$504,315

<u>Effective Date (mm/yyyy)</u>	<u>7/1/2011</u>	<u>7/1/2012</u>	<u>7/1/2013</u>			
Percent increase .....	2.2	2.0	2.0			
Total cost of increase ..	\$12,566	\$10,388	\$10,544			
Total base salary (successor agreement) .....	\$516,881	\$527,219	\$537,763			

#### **Section V: Impact of Settlement - average annual increase over term of agreement**

Percentage Impact (average per year over term of agreement)	<u>2.10</u>
Dollar Impact (average per year over term of agreement)	<u>\$11,149.00</u>

## Section VI

**Health Insurance (Indicate costs associated on each line)**

	<i>Base Year</i>	<i>Year 1</i>	
Cost of Health Plan .....	<b>\$79,308</b>	<b>\$89,190</b>	
Employee Contributions .....	<b>\$5,724</b>	<b>\$8,099</b>	
Prescription .....	<b>\$0</b>	<b>\$0</b>	
Dental .....	<b>\$7,544</b>	<b>\$7,543</b>	
Vision .....	<b>\$0</b>	<b>\$0</b>	

**The undersigned certifies that the foregoing figures are true and is aware that if any of the foregoing items are false, s/he is subject to punishment.**

## Section VII

Prepared by: Vincent Olivo  
Print Name   
Signature

Title: Business Administrator  
Date: 6/20/2012